



NORTH AMERICAN SOCIETY FOR PEDIATRIC GASTROENTEROLOGY,
HEPATOLOGY AND NUTRITION

FULL MEMBERSHIP APPLICATION

Full membership is extended to Pediatric Gastroenterologists, Research Scientists, and Physician Nutritionists with a major and sustained interest in the area of Pediatric Gastroenterology, Hepatology and/or Nutrition who are permanent residents or citizens of a country of North America (Canada, the United States, and Mexico).

Eligibility Criteria

Pediatric Gastroenterologists - Certified or eligible for certification in Pediatric Gastroenterology by a national examining board of the United States, Canada, or Mexico by virtue of having completed an accredited pediatric gastroenterology fellowship in a training program approved by the Accreditation Council for Graduate Medical Education or by the Royal College of Physicians and Surgeons of Canada. Verification of eligibility for certification should be submitted in writing by the training director. Or five years of broadly based experience in Pediatric Gastroenterology. These five years should be of such type and quality that they substitute for the clinical and research exposure one might have encountered during sub-specialty training. A combination of sub-specialty residency training in Pediatric Gastroenterology and practice of Pediatric Gastroenterology to equal five years is considered acceptable. A minimum of 50% current full time professional activities must be spent in Pediatric Gastroenterology.

Physician Nutritionists - Certified or eligible for certification in Pediatric Nutrition by a national examining body in the United States, Canada, or Mexico. Or five years of broadly based experience in Pediatric Nutrition. These five years should be of such type and quality that they substitute for the clinical exposure one might have encountered during sub-specialty training. A combination of sub-specialty residency training in Pediatric Nutrition and practice of Pediatric Nutrition to equal five years is considered acceptable. A minimum of 50% current full-time professional activities must be spent in Pediatric Nutrition.

Research Scientists - Ph.D. or M.D. in a basic or clinical science with a sustained research interest in Pediatric Gastroenterology and/or Hepatology and/or Nutrition

All applications must include this form, the applicant's most current curriculum vitae and letter of recommendation from one member of the NASPGHAN. Applicants whose fellowship was completed in the last three years, should have a reference letter from the training program director or research supervisor. Please include the original and one copy of the completed application and supporting documents.

Name _____ Title _____

Social Security Number _____ Birth Date _____

Institution Name _____

Institution Address _____

Phone _____ Fax _____

Email _____

Home Address _____

Preferred Mailing Address: Home _____ Institution _____

Please list related, professional organizations in which you are currently an active member:

Education:

Medical/Graduate School _____

Year _____ Degree _____

Internship _____ Years _____

Residency _____ Years _____

_____ Years _____

Other Affiliation

Institution _____

Address _____

Position _____ Dates _____

Phone _____

Licensure

List states, provinces, etc., in the United States, Canada, Mexico or elsewhere where you are licensed to practice.

Specialty Boards _____ Eligible _____ Year Certified _____

_____ Eligible _____ Year Certified _____

Experience

Describe your background/training and participation in Pediatric Gastroenterology/Hepatology/Nutrition. Practice, teaching or clinical research.

Publications

Please list your pertinent publications (attach additional pages, if necessary).

Reference

All applicants for membership must include a reference letter from an active Full Member of the NASPGHAN. If fellowship was completed in the last three years, the reference should be from the training program director. Letters from immediate relatives are not acceptable.

Name: _____ Phone _____

Address _____

Election to Full Membership

Election to Full Membership will take place by a vote of the Executive Council at its biannual meetings in May and October. Complete applications must be submitted to the National Office at least one month prior to the Council meeting. The Secretary-Treasurer will be empowered to evaluate the completed applications on behalf of the Executive Council. Any application for membership that does not clearly fulfill the recommended criteria will be circulated to the Council members before a meeting and reviewed by the Executive Council at the meeting. In all cases, a decision in favor of membership would require a majority vote by the Executive Council at that time.

Applicant's Signature

Date

Incomplete applications cannot be processed! Send your signed application with appropriate documents to:

NASPGHAN National Office
1501 Bethlehem Pike, 2nd Floor
PO Box 6
Flourtown, PA 19031

Phone: 215-233-0808 Fax: 215-233-3939 Email: NASPGHAN@naspghan.org

Full Member Checklist:

- Completed and signed application form
- Current curriculum vitae
- One letter of reference
- Original and ONE copy of all of the above